Initial Application Date:	Application #	50041993
COUNTY OF Central Permitting 108 E. Front Street, Lillington,	HARNETT RESIDENTIAL LAND USE APPLICATION	
**A RECORDED SURVEY MAP, RECORDED DEED (OR C	DEFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTIN	G A LAND USE APPLICATION**
City: Rae furd State: NC Zi	Renovations Mailing Address: 256 Briar Hill p: 78376 Contact No: 910-988-8172 Email: she	aun@precision properties NC. col
	Mailing Address:	
	p: Contact No: Email:	
CONTACT NAME APPLYING IN OFFICE:	in Gardner Phone # 91	0-988-8172
PROPERTY LOCATION: Subdivision: SUMMER	Douche Trail Map Box	$\frac{3}{\sum_{\text{Lot Size:}} .47}$
State Road #	Deed Book & Page:         24999         319         Power Company	(entre) EM(
	need to supply premise number	from Progress Energy.
PROPOSED USE: 3 SFD: (Size So x 40) # Bedrooms: # Baths:	<b>(, ∫</b> Basement(w/wo bath): Garage: Deck: Crawl : ? () yes () no w/ a closet? () yes (_↓) no (if yes add ir	pussible string in grude depending in grude space:
(Is the second floor finished	Basement (w/wo bath) Garage: Site Built Deck: ?? () yes () no Any other site built additions? () yes ( ex) # Bedrooms:Garage:(site built?	) no
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:	Clo	sets in addition? () yes () no
	New Well (# of dwellings using well ) *Must have a	
Sewage Supply: New Septic Tank (Complete Che	cklist) Existing Septic Tank (Complete Checklist)	_ County Sewer
	manufactured home within five hundred feet (500') of tract listed	l above? () yes ( 🚬 ) no
Does the property contain any easements whether under		ther (specify):
Structures (existing or proposed): Single family dwellings		
Required Residential Property Line Setbacks: Front Minimum 35 Actual 38.	comments: If possible we'd like to but soil scientest recomme	
Rear 15 42		
Closest Side 10 12		
Sidestreet/corner lot		
Nearest Building		
on same lot Residential Land Use Application	Page 1 of 2	03/11

	agenorz		
APPLICATION	CONTINUES	ON	BACK

Milton Welch Rd, approx			and the second	an 87, Left an R into Summerly sa	
(summerlin Us.)					
		C. S. Salar		and and an	
				et en el construction de la constru La construction de la construction d	
	•				
		970 A 4 34	W		1 - EV.
and the second					

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Shan Dark	y/3/17
Signature of Owner or Owner's Agent	Date

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

NAME: Precision Costom Homes + Renovations / Shown Gardner Applic

41993

\*This application to be filled out when applying for a septic system inspection.\* County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1

#### Environmental Health New Septic SystemCode 800

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. *Do not grade property*.
- <u>All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred</u> for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. <u>Please note</u> confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

### Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. <u>Please note confirmation number</u> given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. **SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

{}}	Accepted	{}} Innovative	{ Conventional	{} Any
{}}	Alternative	{} Other		

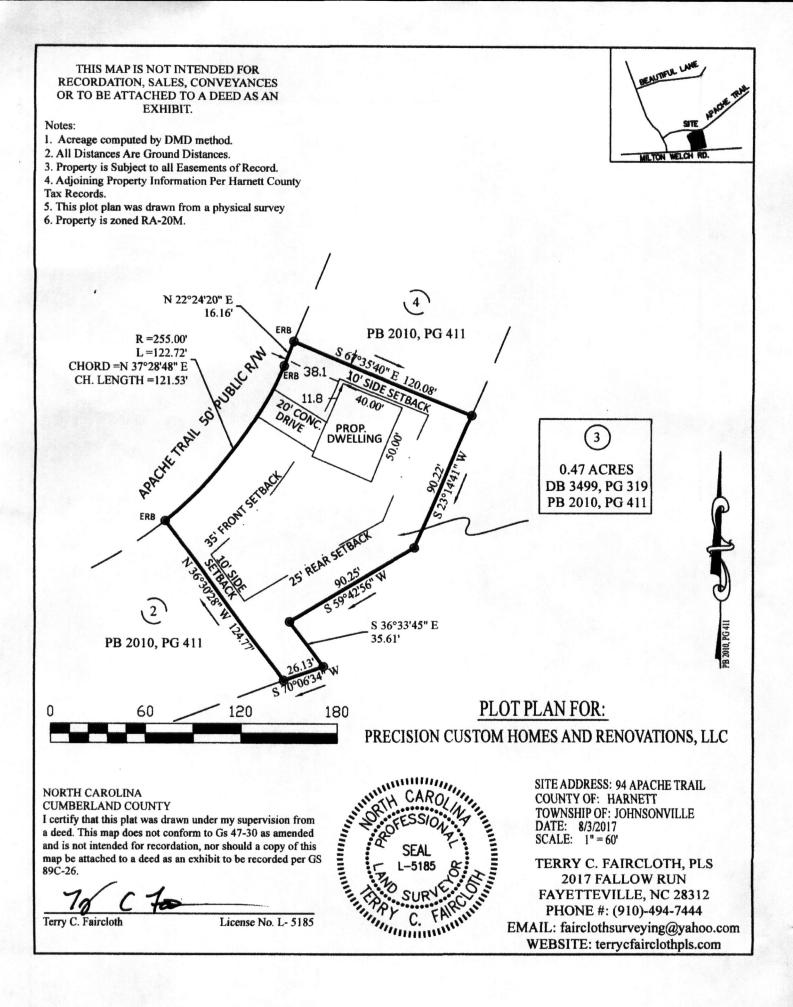
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

	1		
{}}YES	{ <u>]</u> } NO	Does the site contain any Jurisdictional Wetlands?	
{}YES	$\{ \mathbf{J} \}$ NO	Do you plan to have an irrigation system now or in the future?	
{}}YES	{}} NO	Does or will the building contain any drains? Please explain	
{}}YES	{}} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
{}}YES	{ <u>]</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	{ <u>J</u> } NO	Is the site subject to approval by any other Public Agency?	
{}}YES	{} NO	Are there any Easements or Right of Ways on this property?	
{}}YES	$\{ \underline{J} \}$ NO	Does the site contain any existing water, cable, phone or underground electric lines?	
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.	

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

DATE

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



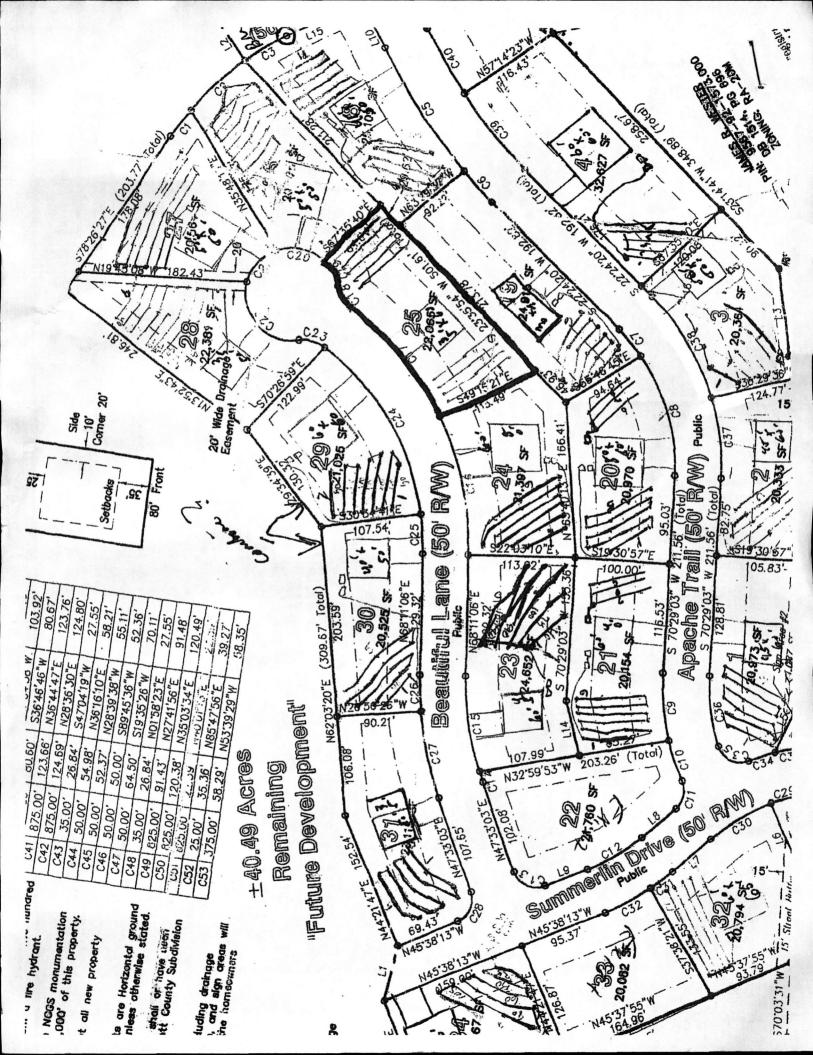
Lot 3 94 Apache Trail

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET LOT 3 SUBDIVISION: Summerlin REPAIR Serial INITIAL SYSTEM: APPROVED 25% RECUCTION DISTRIBUTION Serial DISTRIBUTION: Secial LOCATION FC Lot 2/3 Iron 100.0 BENCHMARK: LTAR 0.4 GPALFT2 3 NO. BEDROOMS: LENGTH ELEVATION FLAG COLOR LINE 98.67 ß 30 98.08 55 Ó 97,42 80 14 60 226 96.83 35 91.58 221 DATE 05/07/2017 BY B.C. Raynor TYPICAL PROFILE (moist in ITIM) THERE SHALL BE NO GRADING, 2-24 L) ( JF- ug.) CUTTING, LOGGING OR OTHER SOIL 24. 40+ Su /F. 1,5. 1. 1641 Cr 2 > 36" DISTURBANCE IN SEPTIC AREA

TO BECOME UNSUITABLE

ANY DISTURBANCEMAY CAUSE A SITE



09/09/1	1
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		Application #
	Harnett County Central Permittir	5-41993
h section below to be filled out omever performing work be awner or incensed lictor Address company	PO Box 65 Lilington NC 27546 910 893 7525 Fax 910 893 2793 www.harnett.c Application for Residential Building and T	prg/permits
& phone must match		
Owner's Name	Precision Custom Hories and Pen	Date 12/10/17
	1 packe Irail Sontand NC 273	331 Phone 110-981-812
	om Lillington _ 27 W, 87 N, L Milto	in which, R Summerles 171.
K_f-	parho	
Subdivision	ummerlin	Lot 3
Description of Propose	d Work New Single Family Hame	# of Bedrooms 3
Heated SF 2218 Un	heated SF 450 Finished Bonus Room?	Crawl Space Slah X
	General Contractor Information	n
Building Contractor s C		704 451 - 4444/ 210-988-
256 Prior	Will R.S. (latford 151 18376	Telephone Shaun@precisionprogerties Nr (
Address		Email Address
72580	_	
License #		
Description of Work	New Service Service Size	$\frac{200}{200}$ Amps. T-Bole $\sim$ Yes. No.
J. Meluin	L'entric	<u></u>
<ul> <li>Electrical Contractor s C</li> </ul>	Company Name way Dr. Fayette ultr NC 28304	Telephone
Address (9158 - 1		Email Address
License #	•	
	Mechanical/HVAC Contractor Inform	nation
	CI New HUAC UNITS IN Jucking	· · · · · · · · · · · · · · · · · · ·
Performonce	Cr New HUAC Units in Jucking Heating + Arr	210-2-3-1836
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Performonie Mechanical Contractors 5218 Horr. Address 2075 9473-	HPaling + Air HPaling + Air Company Name brace Rd. Fagetteuille NC 28306	210-2-3-1836
<u>Performence</u> Mechanical Contractor a <u>C218</u> Horr. Address	EX New HUAC Units is Jucking Healing + Air Company Name brace Rd. Fayetteuille NC 28306 1	910- 7-3-1836 Telephone Email Address
Performence Mechanical Contractors <u>C218</u> Hose Address <u>2075</u> 0HC3- License #	<u>EX New HUAC Units is Jucking</u> <u>Healing + Air</u> s Company Name <u>bears</u> Rd. Faysite uille NC 28306 1 Plumbing Contractor Information	<u>910- 7-3-1836</u> Telephone Email Address
Performence Mechanical Contractors <u>C218</u> Horr. Address <u>2075</u> 0HC3- License # Description of Work	<u>EX New HUAC Units in Jucking</u> <u>Healing + Air</u> s Company Name <u>brann RJ. Fayotteuille UC 28306</u> 1 <u>Plumbing Contractor Information</u> <u>New Plumbing</u>	<u>910- 7-3-1836</u> Telephone Email Address A
<u>Performence</u> Mechanical Contractor a <u>S218</u> <u>Horr.</u> Address <u>29759737</u> License # Description of Work <u>Trinity Pla</u> Plumbing Contractor s C	<u>EX New HUAC Units in Jucking</u> <u>Healing + Air</u> Company Name <u>brace Rd. Fapiteuille UC 28306</u> 1 <u>Plumbing Contractor Information</u> <u>New Plumbing</u> Company Name	<u>910-2-3-1836</u> Telephone Email Address M # Baths 910-303-5385
Performence Mechanical Contractors <u>C218</u> Horr. Address <u>2975</u> 9473- License # Description of Work <u>Trimity</u> Plan Plumbing Contractors C <u>1988</u> Luitmine	<u>EX New HUAC Units ist Jucking</u> <u>Heating + Air</u> Scompany Name bears Rd. Fayetteuille NC 28306 1 Plumbing Contractor Information <u>New Plumbing</u> umbing	<u>910- 7-3-1836</u> Telephone Email Address A
Performence Mechanical Contractor a <u>C218</u> Horr. Address <u>2275</u> 9473- License # Description of Work <u>Trinity</u> Plumbing Contractor s C <u>1989</u> Wilming Address	<u>EX New HUAC Units in Jucking</u> <u>Healing + Air</u> Company Name <u>brace Rd. Fapiteuille UC 28306</u> 1 <u>Plumbing Contractor Information</u> <u>New Plumbing</u> Company Name	<u>910-2-3-1836</u> Telephone Email Address A # Baths 910-303-5385
Performence Mechanical Contractor a <u>CRV Harr.</u> Address <u>29759773-</u> License # Description of Work <u>Trinity Pl.</u> Plumbing Contractor s C <u>1989 Luitmine</u> Address <u>37597973-</u>	<u>EX New HUAC Units in Jucking</u> <u>Healing + Air</u> Company Name <u>brace Rd. Fapiteuille UC 28306</u> 1 <u>Plumbing Contractor Information</u> <u>New Plumbing</u> Company Name	<u>910-7-73-1836</u> Telephone Email Address # Baths
Performence Mechanical Contractor a <u>SIV</u> Horr. Address <u>79759473-</u> License # Description of Work <u>Trinity Pl</u> Plumbing Contractor s C <u>1988</u> (u) mine Address <u>375979</u>	<u>EX New HUAC Units in Jucking</u> <u>Healing + Air</u> Company Name <u>brace Rd. Fapiteuille UC 28306</u> 1 <u>Plumbing Contractor Information</u> <u>New Plumbing</u> Company Name	<u>910-7-73-1836</u> Telephone Email Address # Baths

\*NOTE General Contractor must fill out and sign the second page of this application

.....

I hereby certify that I have the authority to make necessary application that the application is correct and that-the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00 After 2 years re-issue fee is as per current fee schedule

/4m

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the
General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit
Has three (3) or more employees and has obtained workers compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obtained workers, compensation insurance to cover them
Has one (1) or more subcontractors(s) who has their own policy of workers, compensation insurance covering themselves
Has no more than two (2) employees and no subcontractors
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work
Company or Name SMG Precision Properties
Company or Name SMG Precision Properties Sign w/Title Date Date 12/21/12

## DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 767809

Filed on: 12/09/2017 Initially filed by: shaungardner

### **Designated Lien Agent**

**Project Property** 

Old Republic National Title Insurance Company

Online: www.liensnc.com.uep.jers.Kees.wej Address: 19 W. Hargert St., Suite 507 / Raleigh, NC 27601 Phune: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com.mutosarenationes.com

Lot 3 Summerlin

94 Apache Trail Sanford, NC 27332 Harnett County

**Property Type** 

1-2 Family Dwelling

12/20/2017

Owner Information

### **Date of First Furnishing**

Precision Custom Homes and Renovations, LLC 256 Briar HIII Rd Raeford, NC 28376 United States Email: shaun@precisionpropertiesnc.com Phone: 910-988-8172

View Comments (0)

Technical Support Hotline: (888) 690-7384



Print & Post

**Contractors:** Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.